

Town of China Grove

333 N Main Street

China Grove, NC 28023

(704) 857-2466 Fax (704) 855-1855

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs)."

PERSONAL INFORMATION

Date _____ DOB _____

Social Security Number _____

NAME _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. IF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN

US MILITARY OR PRESENT MEMBERSHIP IN
NAVAL SERVICE RANK NATIONAL GUARD OR RESERVES

*THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVEN KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1				
2				
3				

SIGNATURE OF APPLICANT

IN CASE OF
EMERGENCY NOTIFY: _____
Name Address Phone No.

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment will be terminated at any time.

In consideration of my employment, I agree to conform to the Town's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the Town's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Town. I understand that no Town representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date _____ Signature _____

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED: YES _____ NO _____ POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER